

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003939

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1024

FILED FEB 2 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY

admission)

c. CITY
OR TOWN St LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☐

d. STREET ADDRESS 2816 Howard (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Lucius

L

House

4. DATE OF DEATH

Month

Day

Year

Jan

20

62

5. SEX

male

6. COLOR OR RACE

colored

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

June 19 1924

9. AGE (last birthday)

37

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY

Live Stock Dealer

11. BIRTHPLACE (City and state or country)

St Louis Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Albert House

13b. MOTHER'S MAIDEN NAME

Lonzella Wright

14. NAME OF HUSBAND OR WIFE

Christine

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

yes 1943-1945

16. SOCIAL SECURITY NO.

17. INFORMANT

Christine House

Address

4202 N Lexington

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Second and Third Degree Burns of entire body; suffered in fire in home about 3:30 A.M. on January 20th 1962.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

see above

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20 Home

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo.

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph M. Zeman Deputy Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

1-23-62

23a. BURYAL, CREMATION, REMOVAL (Specify)

23b. DATE

Jan 25-1961

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

(State)

24. FUNERAL DIRECTOR

J. J. Waters Funeral Home

ADDRESS

2769 Chouteau

25. DATE REC'D. BY LOCAL REG.

JAN 23 1962

26. REGISTRAR'S SIGNATURE

Lead Smith Mo

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jefferson M. Lender

Licensed Embalmer No.

5072

P. O. Address

4535 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.